



MISSOURI DEPARTMENT OF HEALTH
STATE PUBLIC HEALTH LABORATORY
DATAMASTER MAINTENANCE REPORT

BREATH ALCOHOL PROGRAM

JUN-9 2009

Complete this report in duplicate at the time of the regular monthly preventive maintenance check, and whenever instrument is repaired. Send copy to Department of Health; retain original in department file.

DATAMASTER SN

950424

DATE OF INSPECTION

06-06-2009

LOCATION OF INSTRUMENT (STREET AND CITY)

117 N. Walnut St. Slater Mo 65349

TIME OF INSPECTION

1941 Hours

CHECKLIST: Place a check (✓) to the left of each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unchecked items must be corrected before using instrument.

☒ DIAGNOSTIC CHECK (PRINTOUT ATTACHED)

☒ COMPUTER

☒ DETECTOR

☒ PROGRAM

☒ FILTERS

☒ HEATERS SAMPLE CHAMBER 49 °C

☒ QUARTZ STANDARD

☒ FLOW DETECTOR

☒ CALIBRATION

☒ PUMP HIGH SPEED

☒ PRINTER

☒ INDICATOR LIGHTS

☒ TIME AND DATE

☒ SIMULATOR TEMPERATURE (34 °C ± 0.2 °C)

34 °

☒ CALIBRATION CHECK -

Run three tests using a standard solution. All three tests must be within ± 5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED) (USE RECIRCULATION PUMP)

☒ 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE

☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)

TEST 1 ☒ 0.096%

TEST 2 ☒ 0.098%

TEST 3 ☒ 0.099%

☒ PERFORM R.F.I. TEST (PRINTOUT ATTACHED)

☒ NUMBER OF REFUSALS, SINCE LAST MAINTENANCE REPORT, AND NUMBER OF BREATH TESTS IN EACH RANGE AS FOLLOWS: (DO NOT INCLUDE SIMULATOR TESTS)

REFUSALS ① (0-.04) ① (.05-.09) ① (.10-.14) ① (.15-.19) ① (Over .19) ①

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary)

This unit is operating within the requirements set by the Missouri Department of Health and Senior Services.

(Guth Laboratories)

Solution Manuf:

Vapor Conc: ①.10% Lot No: 08340

Exp: OCT 15, 2009

INSPECTING OFFICER

SIGNATURE

Joseph E. Valiquette

PRINT NAME

Joseph E. Valiquette

TYPE II PERMIT NUMBER/EXPIRATION DATE

820273 / 09-18-2010

TELEPHONE NUMBER

1-660-529-2241



GUTH LABORATORIES, INC.

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **08340** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography and found to contain **0.1211** percent (w/vol) ethyl alcohol. The expiration date for this lot number is **October 15, 2009** at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of **0.10** percent BAC.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
SLATER POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 950424
06/06/09

ARREST TIME: 19:20
SUBJECT NAME:
VALIQUETTE/JOSEPH/E
DOB: 01/01/01 SEX: M
STATE/D.L.: MO/1234567890
ARRESTING OFFICER:
VALIQUETTE/JOSEPH/E
OFFICER I.D.: 242
TESTING OFFICER:
VALIQUETTE/JOSEPH/E
OFFICER I.D.: 242
PERMIT NUMBER: 820273
EXPIRATION DATE: 09/18/10
MISCELLANEOUS DATA:

N/A
N/A

--- BREATH ANALYSIS ---

BLANK TEST	.000	19:52
INTERNAL STANDARD	VERIFIED	19:52
RADIO INTERFERENCE		

Operator Signature

Printed on recycled paper with agri-based inks

CMSU 2208-02

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
SLATER POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 950424
06/06/09
19:41

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM:	OKAY
HEATERS	
SAMPLE CHAMBER:	49c
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST

!"#\$%&'()*+,-./0123456789:;<=>?@ABCDEFGH
IJKLMNOPQRSTUVWXYZ[\]^_`abcdefgghijklmno
pqrstuvwxyz{|}~

Operator Signature

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CMSU 2208-02

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
SLATER POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 950424
06/05/09

TESTING OFFICER:
VALIQUETTE/JOSEPH/E
OFFICER I.D.: 242
PERMIT NUMBER: 820273
EXPIRATION DATE: 09/18/10
MISCELLANEOUS DATA:
N/A
N/A

--- SUPERVISOR MODE ---

BLANK TEST	.000	19:44
INTERNAL STANDARD	VERIFIED	19:44
EXTERNAL STANDARD	.096	19:45
BLANK TEST	.000	19:45
EXTERNAL STANDARD	.098	19:46
BLANK TEST	.000	19:46
EXTERNAL STANDARD	.099	19:47
BLANK TEST	.000	19:48

N = 3
SIM. = .1
AVG. = .0976

Operator Signature

Joseph E. Valiquette #242

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CMSU 2208-02

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



JOSEPH E VALIQUETTE

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 09/18/08
Number 820273
Expires 09/18/2010

Eric C. Ostlund
Director of State Public Health Laboratory
Director, Department of Health

MO 585-0771 (7-88)

Lab. 4 (17-88)